

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
(Section 106.021(1), F.S.)

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CHECK APPROPRIATE BOX

- ☒ Original Appointment
☐ Deputy Treasurer
☒ Reappointment of Treasurer
☐ Secondary Depository

(PLEASE TYPE)

Name of Candidate STUART REED		1. Address (include post office box or street, city, state, zip code) 970 Lincoln Road, Suite 319 Miami Beach, FL 33139	
Telephone (optional) (305) 674-9495	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) Miami Beach City Commission Group II	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer Stuart Reed			
5. Mailing Address (If post office box or drawer add street address) 940 Lincoln Road, Suite 319		6. Telephone 305-674-9495	
7. City Miami Beach	8. County Miami-Dade	9. State Florida	10. Zip Code 33139
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank Bank of America		12. Street Address 407 Lincoln Rd	
13. City Miami Beach	14. County Miami-Dade	15. State FL	16. Zip Code 33139
17. Signature of Candidate Stuart Reed			Date 6/11/03

Campaign Treasurer's Acceptance of Appointment

I, **STUART REED**, do hereby accept the appointment as
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer for the campaign of **STUART REED**

who is seeking nomination or election as a **Group II** (Party) candidate to the office of
Miami Beach City Commission. As a duly registered voter in **Miami-Dade**

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

6/11/03

Date

X

Stuart Reed

Signature of Campaign Treasurer or Deputy Treasurer